



GENERAL INFORMATION
(The following information is based on Chapter 303 RSMo.)

Q: When should I file this accident report?

A: File this report if **all** of the following are true:

- The accident happened in Missouri.
- The accident happened within the last 12 months.
- Someone involved in the accident did not have insurance.

Q: Can I submit the police report instead of completing this accident report?

A: No. The law requires you to report the accident using the attached form.

Q: What happens after this report is filed?

A: An uninsured person's driver license and/or plates can be taken away for one or both of the following reasons:

- He/she does not show us proof of insurance for the accident.
- He/she is found to be at fault for the accident and does not send security compliance (see below) to us.

Q: What is security?

A: Security is the amount of money that we find the uninsured person(s) is responsible for based on his/her percentage of fault for the accident and the amount of damages on file. The most common forms of security compliance are:

- Installment Agreement: A notarized payment plan agreed to by you and the uninsured person(s).
- Release: A sworn statement from you releasing the uninsured person(s) from responsibility for the accident.
- Cash Deposit: A deposit of cash sent to us from the uninsured person(s) for the full amount of security.

We must return the deposit to the uninsured person(s) after one year from the accident date unless the parties agree to a settlement or a lawsuit is filed against the person(s) for whom the deposit was made.

The deposit can only be applied toward a judgment against the person(s) for whom the deposit was made.

We will send you instructions on how to obtain the deposit, if one is made.

- One-Year Suspension: The uninsured person(s) can choose to remain suspended for one year instead of submitting security compliance. The suspension can be extended if a lawsuit is filed in court within one year of the accident date and a copy of the petition is sent to us.

Q: Will the state file the lawsuit?

A: No. You must file the lawsuit in court if you wish to do so.

Q: Will you let me know when the uninsured person's driver license and/or plates will be suspended?

A: Yes, if you contact us. Please allow up to 90 days for us to process your accident report and determine a percentage of fault for the accident.

Q: How can I contact you?

A: You may contact us at Driver License Bureau, P.O. Box 200, Jefferson City, Missouri 65105-0200, dlbmail@dor.mo.gov or (573) 751-7195.

Q: Is the accident report form available on the Internet?

A: Yes. The Motor Vehicle Accident Report Form is now available in fillable PDF format. Visit our web site at www.dor.mo.gov/mvdl/ for more information.



INSTRUCTIONS FOR COMPLETING THIS FORM.

PART 1: Fill in all blanks with the information requested.

PART 2: Fill in your vehicle driver and owner information. If the vehicle was parked, write "parked" in the vehicle driver box and fill in the owner information. If you were not a vehicle driver or owner, mark the correct box under "Your Involvement" and fill in the information in the spaces provided.

Fill in your liability insurance information and mark the correct box. (This is only required if you are the vehicle driver and/or owner.)

PART 3: Sign your name and mark the correct box.

PART 4: Fill in the driver, owner, and vehicle information for all other involved parties.

PART 5: Draw a diagram of the accident using the symbols and instructions on the form.

Explain how the accident happened, in your own words.

Attach a denial letter from the uninsured person's insurance company, if you have one. The letter should state the reason why coverage was denied for the accident. It must be on the company's stationery and signed by the person who reviewed the claim.

PROPERTY DAMAGE AND/OR BODILY INJURY DOCUMENTS

1. In order to determine a percentage of fault and require security for your loss, **both** of the following statements must apply.

- A. There was more than \$500 in damage to one or more person's property, or there was bodily injury or death.
- B. It has been less than nine months since the accident happened.

Reason: A notice must be sent to the uninsured person within one year of the accident date. We need 90 days to process the accident report and determine a percentage of fault for the accident.

2. If statements **1.A** and **1.B** **do** apply, attach any of the following documents that pertain to this accident.

- An estimate of repair cost for the vehicle or other property. (It must be readable, itemized, and contain the accident date or estimate date. It must also contain the name and address of the repair shop or insurance company);
- A doctor's report and/or medical bills. (The type of injury must be explained in detail and the service date must be included. It must also contain the name and address of the healthcare provider); and/or
- A copy of a death certificate or police report showing there was a death.

3. If statements **1.A.** and/or **1.B.** **do not** apply, the uninsured person's driver license and/or plates can be taken away for not having insurance at the time of the accident. The accident report must be mailed to us within one year of the accident date.

MAIL THE COMPLETED ACCIDENT REPORT FORM AND ANY ATTACHMENTS TO THE DRIVER LICENSE BUREAU, P.O. BOX 200, JEFFERSON CITY, MISSOURI 65105-0200, OR FAX TO (573) 526-7365.



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
MOTOR VEHICLE ACCIDENT REPORT

FORM 1140 (REV. 6-2006)	DOR USE ONLY		
NAIC NUMBER	ORI NUMBER	CASE NUMBER	

PART 1 — ACCIDENT INFORMATION → **ONLY REPORT ACCIDENTS OCCURRING IN MISSOURI**

ACCIDENT DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	COUNTY	STATE
ACCIDENT LOCATION - STREET NAME OR HIGHWAY NUMBER	NUMBER OF VEHICLES INVOLVED	WAS A POLICE REPORT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT POLICE AGENCY

PART 2 — YOUR INFORMATION

VEHICLE DRIVER				VEHICLE OWNER			
DRIVER'S NAME		SEX	OWNER'S NAME		DATE OF BIRTH	SEX	
STREET ADDRESS				STREET ADDRESS		DRIVER LICENSE NUMBER	
CITY, STATE		ZIP CODE	CITY, STATE			ZIP CODE	
DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE	VEHICLE MAKE/YEAR	MODEL	LICENSE PLATE NUMBER	STATE	

INVOLVEMENT (IF OTHER THAN VEHICLE DRIVER/OWNER)

<input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER (OTHER THAN VEHICLE) TYPE OF PROPERTY _____ <input type="checkbox"/> OTHER _____	NAME	DATE OF BIRTH	SEX
	STREET ADDRESS		DRIVER LICENSE NUMBER
	CITY, STATE		ZIP CODE

YOUR LIABILITY INSURANCE INFORMATION

WAS YOUR VEHICLE COVERED BY LIABILITY INSURANCE AT THE TIME OF THE ACCIDENT?

YES NO → **YOU MUST MARK A BOX!**

IMPORTANT! IF YOU MARK YES, YOU MUST PROVIDE YOUR INSURANCE COMPANY NAME AND POLICY NUMBER BELOW. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN SUSPENSION ACTION.

INSURANCE COMPANY NAME (NOT AGENCY OR BROKERAGE)	INSURANCE POLICY/CLAIM NUMBER
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PART 3 — SIGNATURE → **YOU MUST SIGN THE REPORT OR IT WILL BE RETURNED TO YOU**

I STATE THAT THE INFORMATION ON BOTH SIDES OF THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

I AM:

DRIVER OWNER PROPERTY OWNER ATTORNEY PASSENGER PEDESTRIAN

INSURANCE COMPANY REPRESENTATIVE CORPORATE OFFICER

COMPLETE REVERSE SIDE →

PART 4 — OTHER INVOLVED PARTIES (USE ADDITIONAL FORMS IF NECESSARY)

OTHER VEHICLE — DRIVER INFORMATION				OTHER VEHICLE — OWNER INFORMATION			
DRIVER'S NAME		SEX		OWNER'S NAME		DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS		DRIVER LICENSE NUMBER	
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE	VEHICLE MAKE/YEAR	MODEL	LICENSE PLATE NUMBER	STATE

OTHER VEHICLE — DRIVER INFORMATION				OTHER VEHICLE — OWNER INFORMATION			
DRIVER'S NAME		SEX		OWNER'S NAME		DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS		DRIVER LICENSE NUMBER	
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE	VEHICLE MAKE/YEAR	MODEL	LICENSE PLATE NUMBER	STATE

OTHER VEHICLE — DRIVER INFORMATION				OTHER VEHICLE — OWNER INFORMATION			
DRIVER'S NAME		SEX		OWNER'S NAME		DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS		DRIVER LICENSE NUMBER	
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE	VEHICLE MAKE/YEAR	MODEL	LICENSE PLATE NUMBER	STATE

PART 5 — DIAGRAM DESCRIPTION OF ACCIDENT

	INSTRUCTIONS
	DRAW PICTURE OF ROADWAY AT PLACE OF ACCIDENT. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW. EXAMPLE → 1 2 ←
	SYMBOLS
	1. VEHICLE 4. RAILROAD 2. MOTORCYCLE 5. UTILITY POLE 3. PEDESTRIAN

DESCRIBE WHAT HAPPENED (REFER TO VEHICLES BY NUMBER, AND BY NAME OF DRIVER(S))

MAIL TO: MISSOURI DEPARTMENT OF REVENUE, DRIVER LICENSE BUREAU, P.O. BOX 200, JEFFERSON CITY, MISSOURI 65105-0200,
OR FAX TO: (573) 526-7365. **PHONE:** (573) 751-7195. **E-MAIL:** dlbmail@dor.mo.gov